CLAIMS ONLY

Application Number: 16/15 366

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep		3				
Total Depend		8				
Total Claims		11				

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						